Sects. II-37—100,000—21-8-48.

E & P.H. (1948) Department.

SERIES.

G.O. No. Ms. 725. P.H.

Dated 10-3-1948

[Despatch Abstract.]

Public Services - Madras General Service - Lay Secretaries and Treasurers in Government Medical Institutions - Recruitment - Recommendations of the Retrenchment and Reorganisation Committee Orders passed.

MEDICAL DEPARTMENT.

Messrs. Doraiswami Iyer and Suryanarayana Rao visited the Surgeon-General's office on the 15th November and conferred with the Surgeon-General, his personal Assistant and the Manager on the organisation of medical services in the Province.

The first question on which we spent some time is the replacement of paid medical officers by Hon. Medical Officers. The Surgeon-General's office has also since furnished a statement showing the posts of honorary Surgeons and Physicians and Honorary Assistant medical officers now employed in the Government hospitals both in the Madras City and in the Moffusil. The Honorary system has its merits and demerits. Taking merits it will reduce expenditure and at the same time provide opportunities to medical men to gain necessary training and experience. The question of extension of Honorary system has engaged the attention of Government time and again. Its working has been reviewed from time to time. The following paragraph from the note furnished by the Surgeon-General which described the history of the question may be read with benefit.

> In 1935 a special Committee appointed by Government to consider the question of further extension of the scheme for the employment of the Honorary Medical Officers to Government Medical Institution recommended the employment of Honorary Medical Officers in entire charge of hospitals and dispensaries and also to teaching posts. But the Government considered that the development of the scheme should be gradual and the recommendations should be introduced when suitable officers become available (vide G.O.No.2475 P.H. dated 23-9-'35). Subsequently in 1937 the Government introduced a radical change and ordered substitution of paid Medical Officers by Honorary Medical Officers throughout the Province with the exception of certain posts. In pursuance of the above policy a large number of medical institutions in the mofussil were placed in charge of Honorary Medical Officers and also certain paid posts in District Headquarters hospitals as well as in the City Medical Institutions, were thrown open to Honorary Medical Officers (vide G.O. Nos.3600 P.H., dated 23rd December 1937 and 5247 P.H. dated 11-9-39). It was subsequently realised that the above arrangement presented various practical difficulties and the system was also criticised by the public. The Government, after a very careful consideration of the various aspects, decided that it was absolutely essential that each hospital should have a paid Medical Officer to be in charge and that in the case of bigger hospitals another paid Medical Officer is necessary to assist the Medical Officer in charge. It was also recognised that an Honorary Medical Officer who is expected to give only part of his time to Government work will do about 1/3 of the work for Government done by a full-time paid Medical Officer. In view of the above decision all the paid posts with the exception of a few, which were thrown open to Honorary Medical Officers have again been converted into paid posts (vide orders in G.O.No.1698 P.H., dated 3-6-1942). As it has already been found from practical experience that the scheme of throwing open the duty posts to Honorary Medical Officers, in large numbers could not be worked satisfactorily due to various difficulties administrative and from the point of service to the public, the revival of the scheme is not acceptable to the Medical Department.

While we don not minimise the evils of the system, we cannot help recommending its adoption with the proviso that the number of Honorary Medical Officers to paid officers should

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should be in the proportion of 3 : 1 and essential duty posts should always be filled by paid officers. The Surgeon-General is competent to declare what the duty posts are. If our recommendation is accepted, we feel the question of appointing additional Medical Officers when increased work demands will not arise. To that extent further expenditure is avoided besides such savings as may be effected by appointing Honorary Officers to posts now held by paid men.

We understand that in other provinces the post of the Superintendent of the General Hospital and the Principal of the Medical College are held by one and the same person. We commend that system for adoption here thereby ensuring smooth working of the college especially in regard to arrangements for practical work in the Hospital. This system may be adopted in regard to other Medical Colleges as well. The Lay Secretaries attached to important Hospitals perform onerous duties. But the prospects offered are not attractive. It is desirable to recruit them from among retired Gazetted Officers, a system which was prevailing when the appointment of Lay Secretaries was first thought of.

The expenditure incurred on the training of medical student has gone down from Rs. 1051/- in 1930-31 to Rs.646 in 1946-47. The scale of fees has been raised from Rs. 120 in 1920 to Rs. 240 in 1946-47 and it is to be Rs.240/- in 1947-48. It is true the demand for medical education is insistent and any increase in the fees charged may not prove a deterrent. But such increase ~~in~~ will place medical education beyond the reach of middle classes. Any increase in fees made should be accompanied by a corresponding increase in the number of pupils entitled to free tuition based on merit.

At present there are wards in which fees are charged for patients. Government servants are entitled to some concessions in regard to treatment and use of special wards. We would recommend the withdrawal of all concessions. We would also suggest the creation of A,B,C wards with scales of fees commensurate with the amenities ~~pre-vied~~ provided. In no case should the cost of treatment and provision of amenities on these Wards be a burden on the State.

While the number of nurses provided in each Hospital should be with reference to the beds provided we feel the number of sisters in charge of nurses in disproportionately large. Their number may be reduced and senior nurses may be entrusted with more powers.

The problem of rural medical relief bristles with many difficulties. The Rural dispensaries are not conferring the benefits on the rural folk to the extent the originators of the scheme contemplated. Owing to the difficulties of communications and the unattractive nature of the surroundings as well as emoluments medical practitioners are not forthcoming to take charge of the rural dispensaries. The local bodies also do not provide sufficient supplies of medicines, equipment and often the rural practitioners are forced to look on while those in distress are suffering. We would like this system to be abolished and in their place organise Mobile Medical Units attached to a Central Hospital provided with a sufficient number of beds to which these Units can remove patients in need of constant medical attendance or surgical operations. To appreciate the present arrangements for rural medical relief, we give below a lengthy extract from a note kindly furnished by the Surgeon-General.

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The scheme of medical relief in rural areas by subsidising medical practitioners and midwives was inaugurated in this Presidency in 1925 by the Government with the object of bringing medical relief within easy reach of the rural population. The scheme is in operation in District Board areas and in agency tracts. The policy of Government is not to sanction the opening of subsidised rural dispensaries in places where private medical practitioners have already settled down. The subsidised rural dispensary is generally located at the residence of the practitioner, a portion of the building being set apart for the purpose. The actual working of the scheme is entrusted to the respective district board that selects the village for the location of the dispensary. The medical practitioners are appointed by the Presidents of ~~Distr~~ District Medical Officers, preference being given to the native of the place. The District Medical Officer is the appointing authority for rural midwives.

Under the scheme, the Government pay subsidy to the medical practitioners and midwives as shown below:-

PLAINS.	AGENCY
Rs.600 per annum for L.M.P.S. Rs.720 per annum for Medical Graduates.	Rs.720 per annum for L.M.Ps. (The Government have been addressed to fix the rate.).
Rs.360 a year for midwives I class.	Rs.400 a year for Mid-wives. (The Government have been addressed to further enhance this rate.)

*Rs.240 a year for midwives, IIclass.

(*They are vernacular midwives trained in Mission Medical Institutions. There are very few appointments of II class Midwives in rural areas and there is no recruitment of this ~~class~~ class of midwives hereafter).

The District Boards, in special case, pay additional subsidy to the Practitioners and midwives from their own funds subject to the maximum of 50% of the subsidy for remoteness or unhealthiness of the locality of for any other special reasons.

The District ~~District~~ Board gives to the Medical Practitioners a free supply of medicines, as per list approved by Government, to the value of R. 720/- a year which is considered sufficient to treat for a year a daily average of 30 patients that are necessitous poor. The rural Medical Practitioners are required to execute an agreement with the concerned District Board and the Government to the following effect:--

(1) To proveed at his own expense and settle down in the place apecified by the President, District Board.

(2) To display in a conspicuous place on the outside of his residence a notice in the vernacular of the District to the effect that it is the Rural Dispensary of the District Board.

(3) To treat professionally and to supply all the necessitous poor members of families whose monthly income does not exceed Rs.30/-) with medicines free of charge at residence.

(4) To maintain the prescribed books and registers (open to inspection by Presidents of the District Boards and the District Medical Officers) and furnish statistical returns.

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The District Medical Officers inspect the dispensaries every year and send a copy of their insepction reports to the Presidents of the District Boards and to the Surgeon-General.

Subject to his treating the poor who resort to the dispensary and supplying them with medicines gratis, the subsidised Rural Medical Practitioner is entitled to practice ef for his own benefit and to charge fees for the services rendered. The practitioner is entitled to 30 days leave in the aggregate in a year (i.e., 18 days earned leave and 12 days casual leave) and is not liable to transfer from one dispensary to another except under special circumstances. The same leave rule is supplied to a Rural Midwife.

For the subsidy received, the midwives attend to labour cases and conduct the number of cases per mensem fixed by the District Board in consultation with the District Medical Officer They also visit pregnant women in and around the village within a radius of 5 miles. If they attend on labour cases beyond one mile of their headquarters they are paid by the District Board Rs.1/- for every non-paying case of labour case conducted by them. Their work is supervised by the subsidised Rural Medical Practitioners. The Government have also permitted the District Boards to appoint wherever they choose to do so, Licentiates of Indian Medicine to be in charge of Rural dispensaries subsidized by Government. When Licentiates of Indian Medicine are appointed in Rural dispensaries, they are known automatically as Ayurvedic, Sidha or Unani dispensaries according to the practitioner appointed and Districts Boards need only supply Indian Medicine to such dispensaries.

On the suggestion of the Director of Public Health, the Government have permitted the District Boards to utilise the service of Medical Practitioners in charge of subsidised Rural dispensaries for the furthereance of public health work such as, the verification of vaccination, births and death, the control of epidemic diseases, on payment of an honorarium of Rs. 15/- per mensemfrom the District Board funds, such work being carried out under the guidance of District Health Officers. The scheme has been given a trial in several districts.

The Practitioner shall if required by the Officers of the Health Department attend to inoculation work for which he is paid a remuneration at the rate of 9 pies per case subject to a mimimum of Rs:1/- a day and maximum of Rs.5/- a day. He is paid daily allowance of Rs.5/- and travelling allowance for journeys performed beyond five miles, at the instance of the officers of the Health Department in connection with fairs and festivels.

In the matter of filling up of vacancies of Medical Officers inregular dispensaries in a District which are under the control of local bodies, the Government have commended to the District Boards to consider the claims of Medical Practitioners in charge of Rural dispensaries in preference to new candidates who have no previous experience, subject to the condition that there are no passed out District Board stipendiaries who are to be provided with the appointments and that the Rural Medical Practitioner concerned possess the requisite qualifications, especially age limit, i.e., they should not be more than 35 years of age.

The Medical Practitioner in charge of rural dispensaries who are required to treat prisoners in sub Jails are paid a uniform rate of four annas a day per prisoner for medicines supplied and two annas for dressings required for each prisoner.

As Medical Practitioners in charge of Rural dispensaries are neither Government servants nor servants of Local Bodies, they have not been authorised to conduct post-mortem

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examinations nor to grant wound certificates. In every urgent case, however, it would be legitimate for the Police to send a person to a Rural Medical Practitioner for a certificate but each such case should be a special one and the sanction of Government would be required to pay the fee to the Rural Medical Practitioner for such certificates. Incases where the Police find it necessary to send a person to the Rural Medical Practitioner for the grant of a wound certificate, the full circumstances should be reported by the District Superintendent of Police to the Inspector-General of Police Immediately after the certificate is obtained. Application will then be made to Government to sanction the fee. No expenditure should be ~~ine~~ incurred on this account until the sanction of Government is received.

We were informed the question of creating two classes of Civil Assitant Surgeons doing away with the class of sub-assistant surgeons is under the consideration of Government. While we are not required to express an opinion on the proposal, we would suggest that class II Assistant Surgeons may be posted to Taluk Headquarters Hospitals unless there are special considerations for posting Civil Assistant Surgeons, there are special considerations for posting Civil Assistant Surgeons Class I. The Surgeon-General promised to furnish the Sub-Committee with a note on this topic. However , we feel there will be no difference of opinion on this matter and the proposal if given effect to will not only reduce expenditure but also remove the long-standing grievance of the Sub-Assistant Surgeons that they are being treated as inferior to Assistant Surgeons. For the Mobile Medical Units and the Central Hospitals to which we have already referred, there can be no objection to post Assistant Surgeons Class II. The large number of temporary medical officers who will come ~~in~~ under Class II can be absorbed into the permanent cadre.

Hospital supplies account for large expenditure. As far as drugs are concerned, we were told they should be purchased from the Medical stores. We are not sure the Medical Stores can supply all the equipment necessary. The present practice seems to be to purchase equipment mostly without calling for tenders. While the tender system may not be desirable in all cases, we would suggest equipment costing above a certain amount should be purchased by the Surgeon-General, and before any equipment is condemned and replacement is ordered, the Surgeon-General should satisfy himself that replacement is necessary. We presume this is the procedure followed at present but we feel no harm is done by our reiteration.

As regards articles of diet, the system of contra ctors is largely prevalent and in the R.M.O.murder case certai loopholes in the system have come to light. We would suggest from the consideration of Government to appoint a small Ad hoc Committee to examine the present system of supplies and suggest such alterations as may be necessary to ensure efficiency and economy.

There are other matters relating to the Medical Department which we suggest the Committee may take up for consideration after the recommendations made by the Medical Education and Medical Relief and Public Health Sub-Committees are available. We have not therefore dealth with questions like the opening of new Medical colleges and the grant-in-aid paid to medical institutions paid to local bodies and private institutions.

We reiterate once again our recommendation already made in dealing with the Public Health Department that the Medical and Public Health,

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Health Department should be combined.

T.K.Duraiswami Aiyer,
Chairman, Sub-Committee of the Retrenchment & Reorganisation Committee.

Ref.No.10613-1A/48. Office of the Surgeon-General with the Govt. of Madras, Madras 6, dated 11th February '48.

From

Colonel S.L.Bhatia, CIE.MC.MA.MD(CANTAB)FRCP(LOND),FRS(E)
Surgeon-General with the Govt. of Madras, Madras.

Sir,

Subject:- Lay Secretaries in Government Medical Institutions - Filling up the posts of - by Deputy Collector or Tahsildars - Proposal of the Retrenchment and Reorganisation Committee.

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The Retrenchment and Reorganisation Committee considers that it would be a better arrangement if officers in other services were taken for service as Lay Secretaries in hospitals for a period and has also suggested the appointment of Junior Deputy Collector for the Government General Hospital and Tahsildars for other institutions. Specific reasons for this proposal have not been assigned.

2. The service rules relating to the posts of Lay Secretaries provide at present for direct recruitment or recruitment by transfer from any other class or service and it is, therefore open to the subordinates of the Revenue Department to compete along with the other candidates whenever applications for recruitment to these posts are invited by the Madras Public Service Commission. Men with considerable accoun experience are required for the posts of Lay Secretaries and Deputy Collectors and Tahsildars cannot be said to possess this qualification. ~~The~~ They may however claim to have some adminstrative experience.

3. Further, persons transferred from other departments for short periods may not put forth their best ability, as they will only be marking their time till they get an advancement in their prarent department. The proposal to appoint Deputy Collectors and Tahsildars as Lay Secretaries is not also economical since it involves an additional expenditure of about Rs. 6100/- per annum as pre details given in the attached statement. It will, in addition, restrict the field of selection to one class of persons and will have a deletrious effect on the existing departmental men whose scope for further promotion will be blocked. Attention is, in this connection, invited to General Huban's letter Ref.No. 71899-B A/45 dated 11-4-1946 (copy enclosed), stressing the necessity for confining the field of selection to only the members of the Madras Ministerial Service in the Medical Department.

4. It may not be out of place to mention that, only very recently, the Madras Public Service Commission interviewed nearly 105 candidates for 10 vacancies, out of which 7 have been reserved for war service candidates. It is

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understood that a very good type of men with high academical qualifications and considerable experience in handling stores accounts appeared before the Commission. Presumably, the final selection is pending the approval of the Government . The work of these candidates who may be appointed shortly may be watched before any new procedure is adopted for selection to posts of Lay Secretaries.

Your obedient Servant

Sd.....

Surgeon-General with the Govt of Madras.

Statement showing the financial implications of the proposal to appoint Deputy Collectors and Tahsildars as Lay Secretaries.

	Scale of pay.	Average pay and Dearness Allowance.		Total Expenditure-
Salary of a Deputy Collector with Dearness Allowance.	300-59/2-700	513-5-4	90	603-5-4
Salary of a Lay Secretary Grade I and Dearness Allowance.	250-25/2-400	336-10-8	59	395-10-8
				207-10-8
		Difference per mensem		
		per annum		2,492-0- 0
Salary of Tahsildar (I) in the Dearness Allowance.	200-15/2-250(10)	261- 1-9) 261- 1-9) 46- 0-0)x10	46/-	3,071- 1- 6
Salary of Lay Secretary Grade II(10) in the Dearness allowance	190-15/2-250	227- 5-4 (10)227- 5-4) 50- 0-0)x10	50/-	2,775-5- 4
		Difference per mensem		297-12- 2
		Extra per mensem.		3,573- 2- 0
Excess Expenditure on account of the proposals of the Retrenchment Committee per annum.				2,492- 0- 0 3,573- 2- 0 6,065. 2. 0
				Rs. 6,100/- roundly.

Copy of letter Ref.No.71899-3-A/45 dated 11-4-1946 from the Surgeon-General with the Government of Madras ((General Huban), to the Secretary to Government, Education and Public Health Department, Madras.

Subject:- Establishments - Medical Institutions - Lay Secretaries and ~~Treasures~~Treasurers - Recruitment of

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Subject:- Establishments - Medical Institutions - Lay Secretaries and Treasurers - Recruitment of candidates.

Reference:Correspondence ending with Government Memorandum No.L1536 D2/46-3 P.H., dated 30-3-46

Lay Secretaries are at present working in the following three hospitals:-

1. Government General Hospital,Madras.
2. Government Stanley Hospital, Madras.
3. King George Hospital, Vizagapatam.

The post of Lay Secretary, Government Ganeral Hospital, Madras, is a tenure post for three years. The holder of t hi post is Sri S. Subramania Iyer, a member of the Local Fund Audit Department. As he has already completed three years' service as Lay Secretary, General Hospital, Madras, in 1945 the question of extension of his service is under separate consideration. The holder of the post of Lay Secretary, Stanley Hospital, Madras, is Rao Sahib C.Rajagopalachari, and that of the King George Hospital, Vizagapatam is Sri K.Srinivasan. The former is superannuated and his term of re-employment expired on 31-3-1946 and he has been allowed to continue till 31-5-1946 or till a regular posting is made as Lay Secretary to that hospital. The latter is due to retir in November 1946. All the three Lay Secretaries are Brahmins

2. As regards the services from which the candi dates should be selected for appointment by transfer, the principle laid down in G.O.No.1175 Public (Services) dated 30-6-1937 is that recruitment by transfer should not generall be permissible except to a Provincial Service from the corres ponding subordinate service or within the same department, as it is wasteful to recruit by transfer any candidate who has been trained for a particular department to another service in an entirely unconnected department. Thus it is evident that the members of the Ministerial Service in the Medical Department (i.e., Hospitals, Medical Golleges, King Institute Guindy, Chemical Examiner's Office and the Surgeon- General's Office) should have the first preference in the matter of appointment by transfer of Lay Secretaries.

In this connection, the only other service th that can be considered, is that of the Local Fund Audit Service, i.e., District Inspectors of Local Fund Accounts in the scale of Rs. 120-300. But they may not be willing to go in for Lay Secretary's posts, as the scale of pay is only Rs. 175-15/2-250. But graduate clerks in the scale of Rs. 40-125 in that Department may aspire for these posts. Though they possess audit experience, their sphere of work is confined to auditing the accounts of quasi-public bodies i.e., District Boards, Municipalities, Panchayats) and the three civil Surveoncy Hospitals at Coonoor, Cochin and Negapatam and they cannot therefore be said to possess hospi tal experience and a thought knowledge of the administration of Medical institutions which has been emphasised in the rules relating to the posts of Lay Secretaries.

Under the present rules, sufficient latitude is given to the Madras Public Service, Commission to select candidates by direct recruitment also. But the large number of clerical staff working in the Medical Department have no scope for advancement either in the same department or in other Government departments. I therefore consider that recruitment by transfer to the posts of Lay Secretaries should be confined only to the members of the Madras

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Madras Ministerial Service in the Medical Department holding responsible posts and possessing administrative experience.

True copy/

Sd xx xx xx
Surgeon-General with the Govt.
of Madras.

Government of Madras.
Abstract.

Public Services - Madras General Service - Lay Secretaries and Treasurers in Government Medical Institutions- Recruitment - Recommendations of the Retrenchment and Re-organisation Committee - Orders passed

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Education and Public Health Department.
G.O.Ms.No.725 dated 10-3-48.

Read the following;

From the Surgeon General Ref. No.10613-1A/48 dated 11-2-1948.

O R D E R :

RECORDED.

2. The Government do not accept the Recommendation of the Retrenchment and Re-organisation Committee that officers in other services may be taken for a period for service as Lay Secretaries in hospitals.

Sd.....
6-3-48.

To the Surgeon-General.
To the Finance Department.

/True copy/

Superintendent,
Madras Record Office.

NG.